

May 20, 2021

TO: [REDACTED]
Assistant Director Custody Management

FROM: [REDACTED]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Clay County Justice Center**

The Nakamoto Group, Inc. performed a hybrid annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2008 of the Clay County Justice Center in Brazil, Indiana during the period of May 18-20, 2021. This is an IGSA facility.

The annual inspection was performed under the guidance of [REDACTED] Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Security	[REDACTED]
Detainee Rights	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]
Medical Care	[REDACTED]

Type of Inspection

This is a scheduled annual hybrid inspection which is performed to determine overall compliance with the ICE PBNDS 2008 for Over 72 hour facilities. The facility received a rating of Meets Standards during the October 2020 inspection.

Inspection Summary

The Clay County Justice Center is currently accredited by:

- The American Correctional Association (ACA) – No
- The National Commission on Correctional Health Care (NCCHC) – No
- The Joint Commission (TJC) – No
- Prison Rape Elimination Act (PREA) – No

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2020 and 2021 PBNDS 2008 compliance annual inspections:



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2020 Inspection		2021 Inspection	
Meets Standards	38	Meets Standards	33
Does Not Meet Standards	1	Does Not Meet Standards	5
Repeat Finding	0	Repeat Finding	0
Not Applicable	2	Not Applicable	3

The inspection team identified seventy-one (71) deficient components in the following eighteen (18) standards:

Emergency Plans – 3
Environmental Health and Safety – 8, one of which is a priority component
Transportation (By Land) – 2
Facility Security and Control – 3
Key and Lock Control – 9
Sexual Abuse and Assault Prevention and Intervention – 2, one of which is a priority component
Special Management Units – 1, which is a repeat deficiency
Staff-Detainee Communication – 1
Tool Control – 7
Use of Force and Restraints – 5
Food Service – 7
Hunger Strikes – 1
Medical Care – 13, seven of which are priority components
Personal Hygiene – 1, which is a repeat deficiency
Suicide Prevention and Intervention – 2, one of which is a priority component
Recreation – 1, which is a repeat deficiency
Religious Practices – 2
Staff Training – 3

Facility Snapshot/Description

The Clay County Justice Center (CCJC) is owned by Clay County and operated under the jurisdiction of the Clay County Sheriff's Office. The facility is located approximately forty miles southwest of Indianapolis in Brazil, Indiana. The facility houses adult male and female Clay County detainees and adult male and female ICE detainees of all classification levels.

The CCJC physical plant consists of a two-story building housing the administrative offices of the Clay County Sheriff's Office, Department of Natural Resources, and the jail. There is no perimeter fencing around the building. The perimeter is foot patrolled by an armed officer during select shifts. The exterior perimeter of the building is the exterior walls of the building. The entire perimeter is under camera surveillance. Access through all exterior doors is controlled by central control officers.

The jail consists of nine individual pod style housing units: two housing units are equipped with two-bed cells; four housing units are equipped with four-bed cells; and three dormitories range in size from six to 24 beds. The facility is under a multiple surveillance camera network which provides sight lines into all critical housing and common areas. Housing areas provide adequate open dayroom space which is accessible to detainees daily from 6:00 a.m. to 11:00 p.m. Each housing unit is equipped with a television, a telephone bank, an informational kiosk, and stainless-steel tables with attached stools. The facility does not offer outdoor recreation. The daily schedule governs detainee movement. All movement is escorted.



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Visiting privileges are scheduled through a video visitation platform. A video visiting station is located in each housing unit. A bank of monitors is located in a room adjacent to the front visitor entrance. Daily visits are permitted and can be conducted on-site or from a remote location.

The inspection team formally interviewed four detainees housed in general population. Three of the detainees stated that non-ICE detainees “harassed the ICE detainees.” Three of the detainees stated “that they did not report the situation” to facility or ICE staff. One detainee stated that she reported the situation to a facility officer. None of the detainees filed a grievance or called the OIG hotline to complain. Administrative staff developed an action plan with the classification officers to monitor the situation.

Eighteen detainees were housed in quarantine status during the inspection. The medical SME’s informally interviewed eleven detainees who volunteered to speak with the inspectors. Detainees stated, without exception, that they did not fear for their safety and that officers treat them with respect. Detainees registered no substantive concerns regarding food, medical care, access to telephones, legal materials, or conditions of confinement. Two detainees stated that cleaning supplies were not always readily available. This concern was shared with the ICE liaison sergeant who confirmed that cleaning supplies are provided to detainees daily. No detainee tried to access the OIG Hotline. However, detainees confirmed that the “speed dial numbers” worked.

Medical services are provided by Quality Correctional Care. Detainees are not charged a medical co-pay. All other services are provided by Clay County employees. Support service in the kitchen is provided by Performance Foods Services.

Areas of Concern/Significant Observations

The Facility Significant Incident Summary (SIS) documented one non-ICE detainee escape from Clay County custody:

On 12/29/2020, a non-ICE detainee escaped while in custody at Union Hospital in Terre Haute, Indiana. The non-ICE detainee threw an unidentified liquid substance at the officer, fled down the corridor, and ran out of the hospital. He was apprehended within twenty hours, according to the captain.

One inspector worked remotely and was unable to personally observe practices and procedures within the facility. The inspector relied upon photographs and/or videos to validate the observation of many standards.

Ten Priority Components Were Rated Does Not Meet Standards:

Environmental Health and Safety

Component #11 – A qualified departmental staff member shall conduct weekly fire and safety inspections.

Findings: Although the captain conducts weekly fire and safety inspections for the facility, it is noted that there were no discrepancies in any of the inspections reviewed. This condition is not supported by personal observation and reviews of operational practice during this inspection.

Recommendation: Provide detailed training to staff to assist in identifying environmental health and safety issues that should be documented in these inspections.

SAAPI

Component #3 – All staff are trained during orientation and annual refresher training in the prevention and intervention areas required by the Detention Standard.

Findings: Initial and annual refresher staff training has not been completed for all staff.

Recommendation: Provide and document SAAPI training for all staff.

Medical Care

Component #3 – All facilities shall provide medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.

Findings: Annual review of staffing plan is not consistently done annually. At time of inspection, it had not been reviewed since 02/02/2020. Facility does not provide sufficient staff and support personnel to meet these medical care standards as confirmed by staff RN's reporting necessary, frequent, unscheduled weekend work required to meet medical and mental health monitoring, assessment, medication, documentation and reporting portions of the medical care standards.

Recommendation: Conduct consistent annual review of the staffing plan. Conduct a medical staff analysis. Provide supervisory medical staff such as a Director of Nursing or Health Services Administrator. Provide scheduled weekend medical care on-site.

Component #19 – Each facility shall have written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing and secure storage and disposal of all prescription and nonprescription medicines.

Findings: Written pharmacy policy and procedures address the management of pharmaceuticals and include the requirements of the component. However, current practice observed by the inspector is not being done according to the policy and procedures. Evidenced by, there is no emergency stocked medication inventory. Disposal of medications are not being witnessed. Narcotic controlled substances are not being counted and verified by two persons. Sharps inventories are not accurate. Keys to the medication cart is left unattended in the medical unit which detainees have access to. Medication cart and sharps storage area is not secured.

Recommendation: Review current policy and procedures relating to pharmaceutical management and put systems in place to practice according to the standard requirement and facility policy and procedures.

Component #21 – Initial medical, dental, and mental health screening shall be done by a health care provider or a detention officer specially trained to perform this function.

Findings: No documentation of required specialized training of detention officers to allow them to perform initial medical, dental, and mental health screen. The detention officers currently do all of the initial screens.

Recommendation: Provide and document specialized training of detention officers to allow them to perform medical, dental and mental health screens. Provide medical staffing plan that would allow medical to perform all initial screens.

Component #30 - The facility performs mental health intake screening, as well as mental health evaluations based on screening results, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment. Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility.

Findings: No documentation of required specialized training of detention officers to allow them to perform initial mental health screening. The detention officers currently do all of the initial screens.

Recommendation: Provide and document specialized training of detention officers to allow them to perform mental health screenings. Provide medical staffing plan that would allow medical to perform all initial screens.

Component #37 – All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request.

Findings: Sick call requests are collected and triaged by medical personnel each morning, Monday through Friday. However, medical staff are not onsite Friday evening through Sunday and consequently are not able to meet the standards requirement of collecting and triaging all sick call requests within 48 hours.

Recommendation: Conduct a medical staff analysis. Create a staffing plan that allows for meeting the collecting and processing of sick call requests to be completed within 48 hours.

Component #39 – All detention staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually.

Findings: No documented annual detention staff training in CPR, AED and emergency first aid.

Recommendations: Schedule training and document all staffs training in CPR, AED and emergency first aid.

Component #41 – Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator and includes:

Responding to health related situations within four minutes.

Recognizing of signs of potential health emergencies and the required responses.

Administering first aid and cardiopulmonary resuscitation (CPR).

Obtaining emergency medical assistance through the facility plan and its required procedures.

Recognizing signs and symptoms of mental illness, suicide risk, retardation and chemical dependency.

The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.

Findings: No documented annual staff training completed at least annually by a responsible medical authority in cooperation with the facility administrator, to meet the requirements of 2008 standard, section titled "Emergency Medical Services and First Aid"

Recommendation: Train staff and document in emergency medical services and first aid, per the standard requirement.

Suicide Prevention and Intervention

Component #4- All facility staff who interact with and/or are responsible for detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program.

Findings: No documentation of staff training related to suicide prevention and intervention.

Recommendations: Train and document all staff upon initial hire and annually thereafter.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive an overall rating of Does Not Meet Standards with the ICE Performance-Based National Detention Standards (PBNDS) 2008. Five (5) standards were rated Does Not Meet Standards and three (3) standards were non-applicable (N/A). The remaining thirty-three (33) standards were found Meet Standards.



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LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324A inspection form and are supported by documentation in the inspection file. An out brief was conducted and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following participated in the conference call:

- ICE Officials – [REDACTED]
- Facility Staff – [REDACTED]

[REDACTED] Lead Compliance Inspector	May 20, 2021
Lead Compliance Inspector	Date